



Section 10.7 Certificate Application CAB-008

Your reference no.: _____

Our reference no.: _____

Advice to Applicant

- This application is made under the Environmental Planning and Assessment Act 1979
- Please complete this form in ink using BLOCK LETTERS
- An incomplete or an illegible application may result in delays in processing. To avoid possible delays, please ensure that each section of the application is correctly and neatly filled in
- For application or lodgement advice please contact Council's Environmental Services Department on 02 63923247 (9:00am – 11:00am Monday to Friday)

APPLICANT'S DETAILS

If the applicant is a company, the ABN number and company seal must be provided.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____		
Name		ABN No.
Postal Address		
Suburb		Post Code
Phone	Fax	Mobile
Email Address		
Applicant's Signature		Date

OWNER OF THE LAND

Name		
Address		Post Code
Phone	Fax	Mobile

PROPERTY DETAILS

You must complete all details in this section.

Council Assessment Number		
Nature of Property (Vacant Land, Dwelling Etc.)		
Property Address		
Suburb		Post Code
Lot No.	Section	DP
Parish	Area	

Privacy Information: The details provided in this form may contain information that is personal information, which identifies you etc., for the purposes of the Privacy and Personal Information Protection Act. The purpose of collecting this information is to enable the Council to consider matters under related legislation, issue related documentation where required and other associated matters as provided by law and will be utilised by Council officers in assessing the proposal and other associated activities. The information may also be made available to other persons where such access is in accordance with the relevant regulations and requirements in this regard. The submission of personal information in this case is required by law and if not provided (wholly or in part) may affect or prevent consideration of the matter by Council. The information will ultimately be stored in Council's records system.

FOR INFORMATION ON HOW TO LODGE THIS APPLICATION AND THE ASSOCIATED FEES PLEASE TURN OVER THE PAGE.

HOW TO LODGE THIS APPLICATION

Courier or in person: Cabonne Council
(opening hours: 900am – 500pm Monday to Friday)
99-101 Bank Street, Molong
Mail: PO Box 17, MOLONG, NSW, 2866
ABN: 41992 919 200
How to contact us: Phone: (02) 6392 3200
Fax : (02) 6392 3260
Council@cabonne.nsw.gov.au
www.cabonne.nsw.gov.au

Fees and Charges		Required	Cost (\$)
10.7(2) Certificate			\$68.61
10.7(2) and 10.7(5) Certificate			\$172.03
		TOTAL	
RECEIPT NUMBER:	DATE:	CERT No.	